

CDC Global Health Security Agenda/Ebola Grantee Meeting

Accountability. Results. Sustainability.



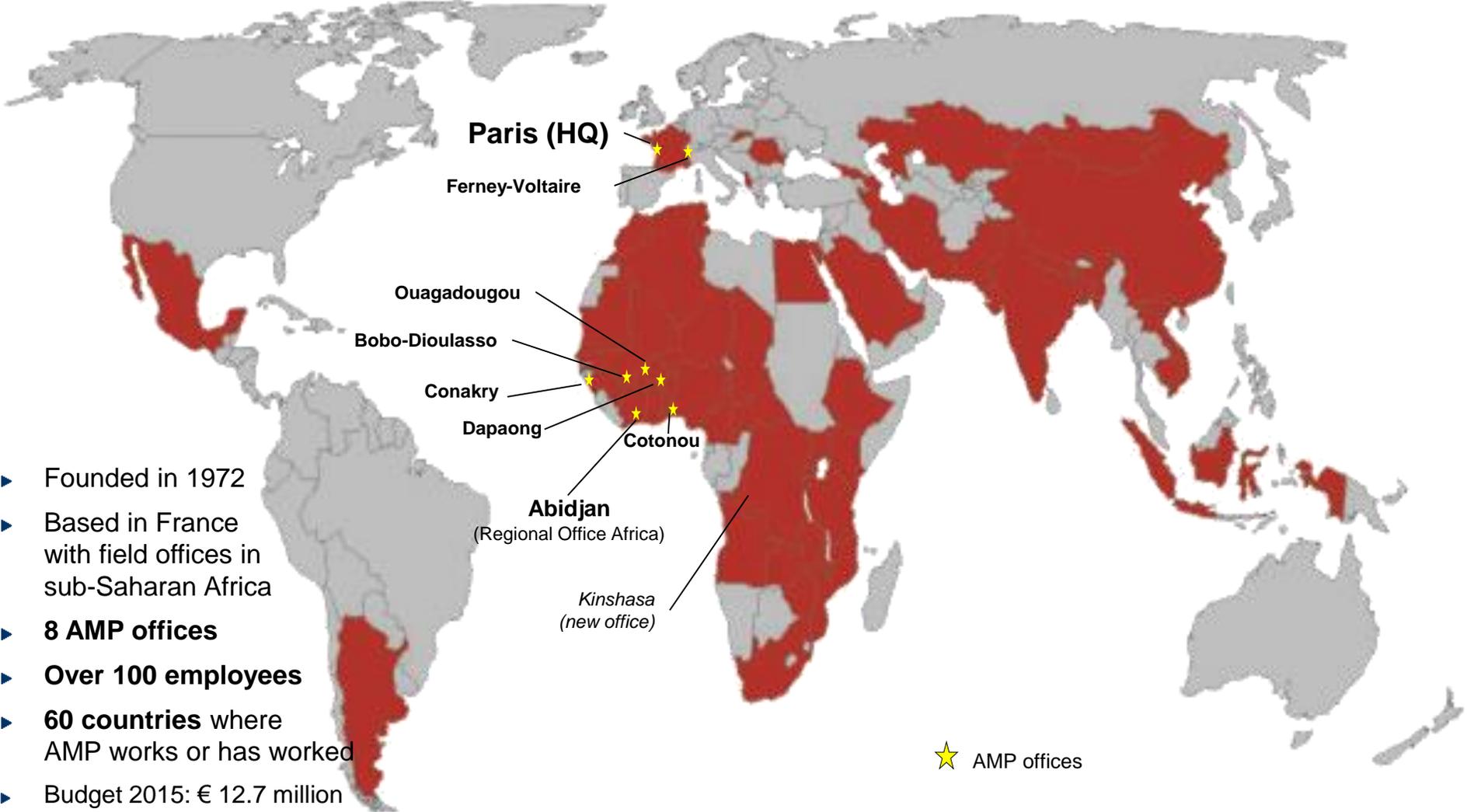
CDC & GLOBAL HEALTH SECURITY AGENDA





**Over 40 Years of Commitment to Preventive
Medicine and Public Health**

AMP at a Glance in 2015



AMP Core Areas & Objectives

Vaccinology Research aim:

Enhance scientific evidence to determine optimal immunization policies

Focus areas:

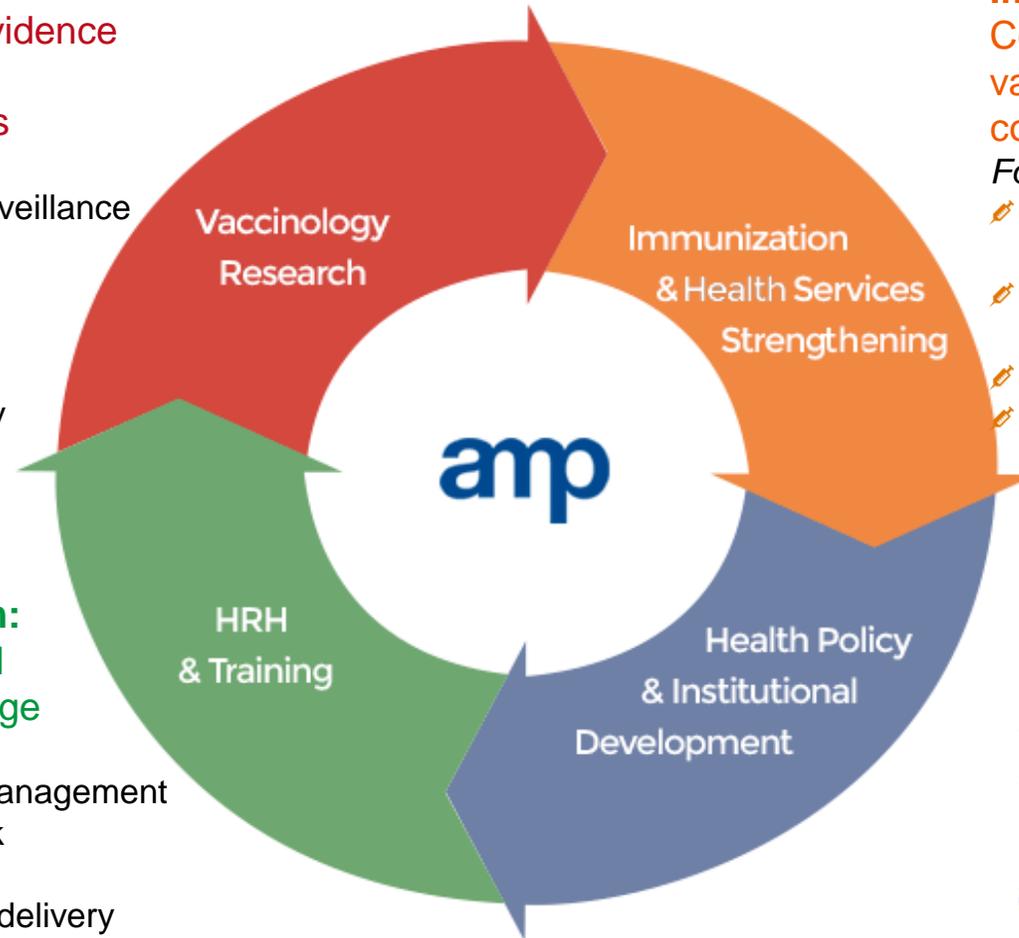
- 📌 Disease burden / surveillance
- 📌 Field-based vaccine evaluations
- 📌 Pharmacovigilance
- 📌 Health economics
- 📌 Medical anthropology
- 📌 Laboratory capacity development

HRH & Training aim:

Overcome the global health worker shortage

Focus areas:

- 📌 Human resources management
- 📌 Professional network development
- 📌 Training design and delivery (including eLearning)



Immunization & HSS aim:

Contribute to improving vaccine delivery and coverage

Focus areas:

- 📌 Immunization program support
- 📌 Logistics and supply chain management
- 📌 Supervised on-the-job training
- 📌 Technology field testing

HPID aim:

Support national health authorities to determine appropriate immunization policies and strategies

Focus areas:

- 📌 Institutional development (through NITAG creation / strengthening)



SNAP-SHOT OF AMP TRAINING ACTIVITIES

- 🔧 Training for laboratory capacity development
- 🔧 Technologies and health logistics training
- 🔧 Epidemiology and Vaccinology Training
- 📖 Training in Vaccine pharmacovigilance
- 📖 Training on outbreak investigation
- 📖 Training in disease surveillance
- 📖 Training for Vaccine introduction

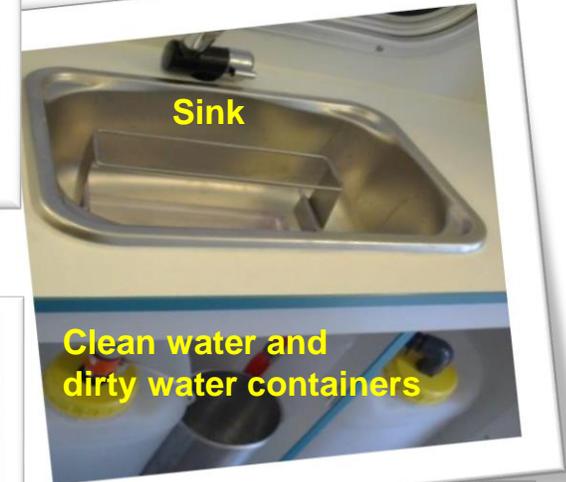
Laboratory Capacity Development

- **Aim:** Provide advice and assistance to improve diagnostic facilities in sub-Saharan Africa through **technical training of laboratory staff**, technology transfer, and use of microbiological mobile laboratories for rapid field diagnosis

- **Operational interventions:**

LaboMobil®, an all-terrain vehicle that serves as a complementary tool for national reference laboratories to support

- ▶ microbiological analysis of epidemic prone diseases at national and cross-border level
- ▶ Implementation of field studies research
- ▶ Point-of-care diagnostics in remote settings
- ▶ **Training supervisions of technicians in district laboratories**



Technologies and Health Logistics

Aims:

- ▶ Enable LMICs to design, implement, and evaluate efficient logistics systems
- ▶ Support and strengthen knowledge and skills of health supply chain managers

Types of training interventions:

- ▶ Evaluation of training needs and development of training plans
- ▶ Adaptation and creation of tailor-made training materials
- ▶ Development of communities of practice
- ▶ Field testing and feasibility studies

CENTRE LOGIVAC BENIN

Objectives:

- ▶ LOGIVAC project led to the creation of the first regional logistics reference center for Francophone Africa to support training + knowledge sharing among supply chain managers
- ▶ Designed to strengthen the skills of staff engaged in managing the logistics systems of public health services

Results:



Impact: Improvement of the performance of vaccine logistics management, quality of immunization, quality of data, and of health workers motivation

Partners: Benin's Ministry of Health, IRSP

Funder: BMGF

Dates: 2013-present

Location: Benin

Epidemiology and Vaccinology Training

Masters 2 in Vaccinology & Management (MIVA / former EPIVAC)

Objectives:

One-year training in epidemiology, applied vaccinology and management for district medical officers:

- ▶ Face-to-face, distance and supervised on-the-job training
- ▶ Training provided by national supervisors to district medical officers
- ▶ Improve immunization systems, particularly at district level, by strengthening participants' technical and managerial skills

Partners: Governments, international organizations, vaccine industry, African and French universities

Funders: Sanofi Pasteur, French Ministry of Foreign Affairs, European Union, BMGF

Dates: 2002-present

Locations: Benin, Burkina Faso, Cameroun, Central Africa Republic, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, Togo

Results Since 2002



1825
supervision reports



496
district medical officers trained



490
master's theses



52
supervisors trained



11
participating African countries



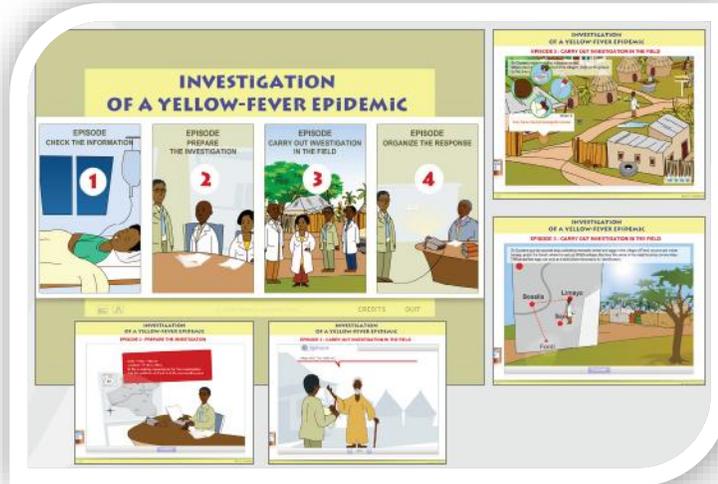
1
online/offline eLearning application



11
national networks of immunization professionals developed

- ▶ Received 2014 Gates Vaccine Innovation Award for Improving Immunization Programs in Africa
- ▶ Impact on EPI performance (publication in process):
 - ▶ EPIVAC districts have significantly better coverage than non-EPIVAC districts
 - ▶ Non-EPIVAC districts have significantly worse indicators than EPIVAC district

Training on outbreak investigation



Training on Yellow fever investigation

Objectives:

With self-learning guide and distance learning material:

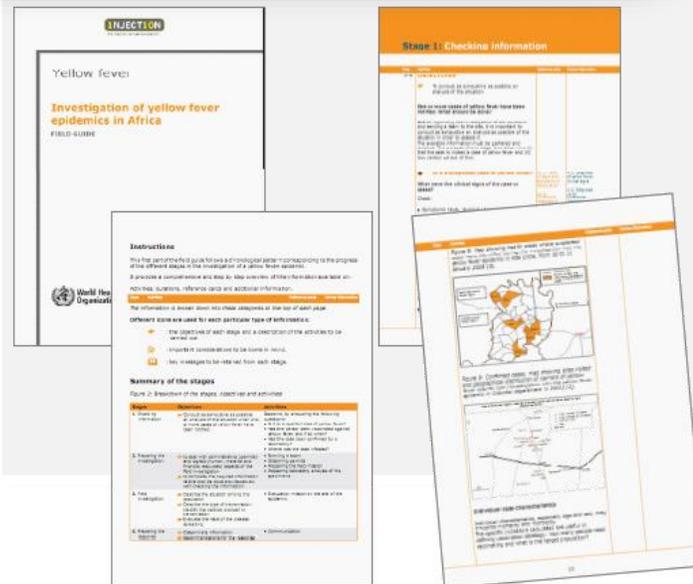
- ▶ Improve health officer's abilities and know-how in yellow fever outbreak's investigation

Impact:

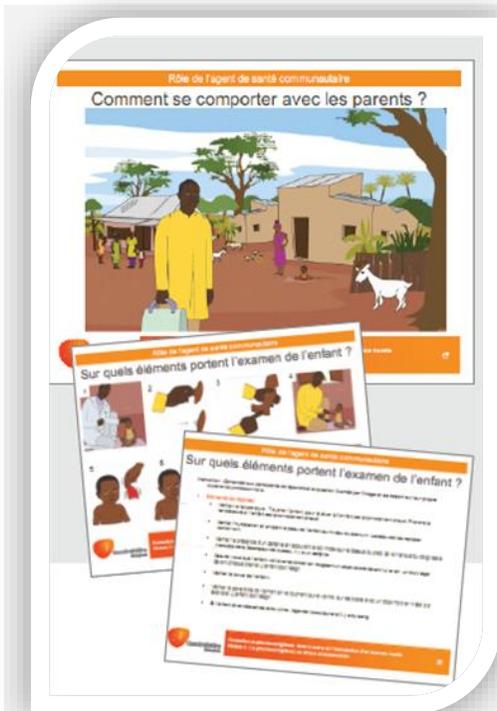
- ▶ Better identification of yellow fever cases and epidemic vectors
- ▶ More effective outbreak response

Funder: WHO

Locations: Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal, Sierra Leone and Togo



Training on Vaccine pharmacovigilance



EPI-Mal Project

Objectives:

- ▶ Help medical and non-medical health workers to identify AEFIs resulting of RTS,S, vaccination and then take appropriate action

Impact:

- ▶ Staff are able to identify/diagnose AEFIs
- ▶ AEFIs are better treated
- ▶ Population is more open to RTS,S introduction

Partners: GlaxoSmithKline (GSK), University of Lomé, University of Geneva, private pediatric society of Benin, local health authorities

Funder: GSK

Dates: 2011-2016

Locations: Senegal, Burkina Faso, Ghana, Kenya, Tanzania

Training on disease surveillance



Training and communication on Malaria surveillance

Objectives:

With face-to-face training and communication:

- ▶ Reinforce Community Health Workers skills in malaria surveillance and prevention
- ▶ Raise rural population awareness on malaria

Impact:

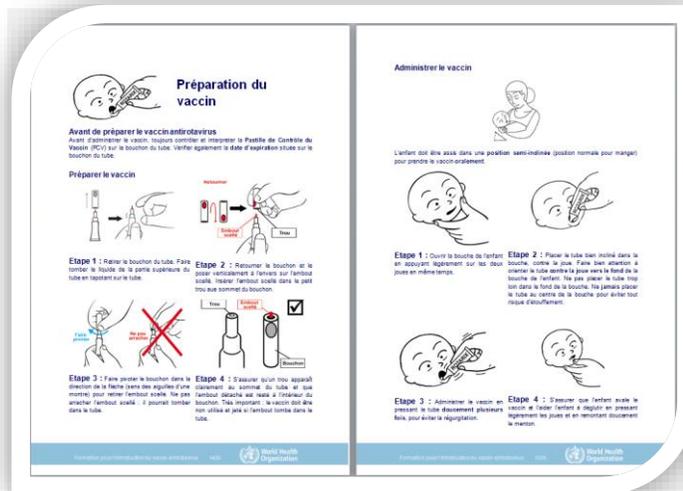
- ▶ Better detection of malaria cases and implementation of prevention measures
- ▶ Reduction of infection rate

Funder: SANOFI Aventis

Locations: Several countries in West Africa, including Ivory Coast, Senegal, Burkina Faso, Benin



Training for Vaccine introduction



Rotavirus Vaccine Introduction

Objectives:

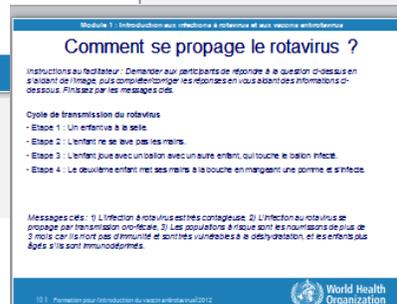
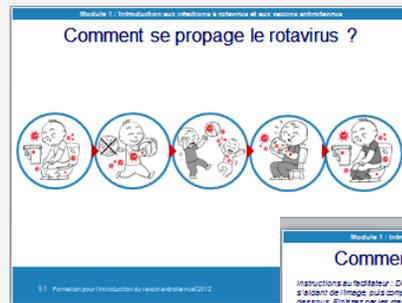
- ▶ Ensure the safe introduction of the Rotavirus vaccine at district and health facility levels with face-to-face training
- ▶ of medical staff and EPI staff/vaccinators

Impact:

- ▶ Vaccine introduction is well accepted among the targeted population
- ▶ Vaccine properly administered (quality and quantity)

Funder: WHO

Locations: French and English speaking African countries



Other training thematics

- Health promotion
- Advocacy for vaccination financing and HRH improvement
- Critical care management
- Etc.



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THANK YOU

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Division of Global Health Protection
Center for Global Health
Centers for Disease Control and Prevention (CDC)



Epidemic Intelligence Service

- 1951: An early warning system against biological warfare and man-made epidemics
- Now expanded into a surveillance and response unit for all types of epidemics, including chronic disease and injuries

FETP

- FETPs were developed in response to country requests for “EIS” like programs
- Started in 1975 as Global Epidemic Intelligence Service (GEIS): Later became Field Epidemiology Training Program (FETP)

Accomplishments

- FETPs/ FELTPs exist in 60 countries
- 92 % of graduates remain in local government service
- 70 % of programs have been sustained for 10 or more years
- Of 29 programs originally provided with a CDC program director, 19 continue without this assistance

“Typical” FETP Training

- Two-year, full-time postgraduate training
- Approximately 20% class work and 80% field placement
- Trainees assigned to positions that provide epidemiologic service to the MoH/DoH
- Closely supervised, on-the-job, competency-based training
- Graduates may receive a certificate or a degree







- **Program Goals:** To enhance health system capacity in disease surveillance and response
- **Implemented by (CDC) in collaboration with GOP/National Institute of Health (NIH), and other institutional partners**



FELTP – Timeline

- 2003: MoH Pakistan requested CDC to start FELTP
- 2004-05: Series of visits by CDC experts / meetings with Pakistani counterparts at MoH/NIH/DoHs
- 2005: NIH recommended as host institution
- 2006: Full time Resident Advisor assigned
FELTP officially launched
- 2007: National Steering Committee notified
First training course started
- 2009: Active Viral Hepatitis Sentinel Surveillance
- 2011: NSTOP initiative
- 2013: Veterinarian joined 2 years FELTP program
- 2014: Pakistan Army joined 2 years FELTP program

Program Partners

- Ministry of National Health Services, Regulations and Coordination
- Pakistan National Institute of Health
- Pakistan Army
- Pakistan National Agriculture Research Council
- University of Health Sciences – Lahore
- Health Services Academy, Islamabad
- University of Washington
- World Health Organization (Geneva and Pakistan)
- HHS
- United States Agency for International Development
- DoS
- CDC Global Immunization Division (GID)
- CDC Division of Global Health Protection
- CDC National Center for Influenza and Respiratory Diseases
- CDC National Center for HIV, Hepatitis, TB, STD Programs



Training



Field Epidemiology and Laboratory Training Program (FELTP)

8 Cohorts

- 88 completed two years training (6 cohorts)
- 46* currently in two cohorts (7th and 8th Cohort)



Scientific Contributions: FELTP Fellows

International Trainings

- 16 fellows selected for Emerging Infectious Disease fellowship/ One Health fellowship at the Universities of Iowa and Florida (2009, 2010, 2013, 2104)

100 Abstracts in International Scientific Conferences

- EIS conferences (6)
 - 5 consecutive years of acceptance
- TEPHINET Global conference (26)



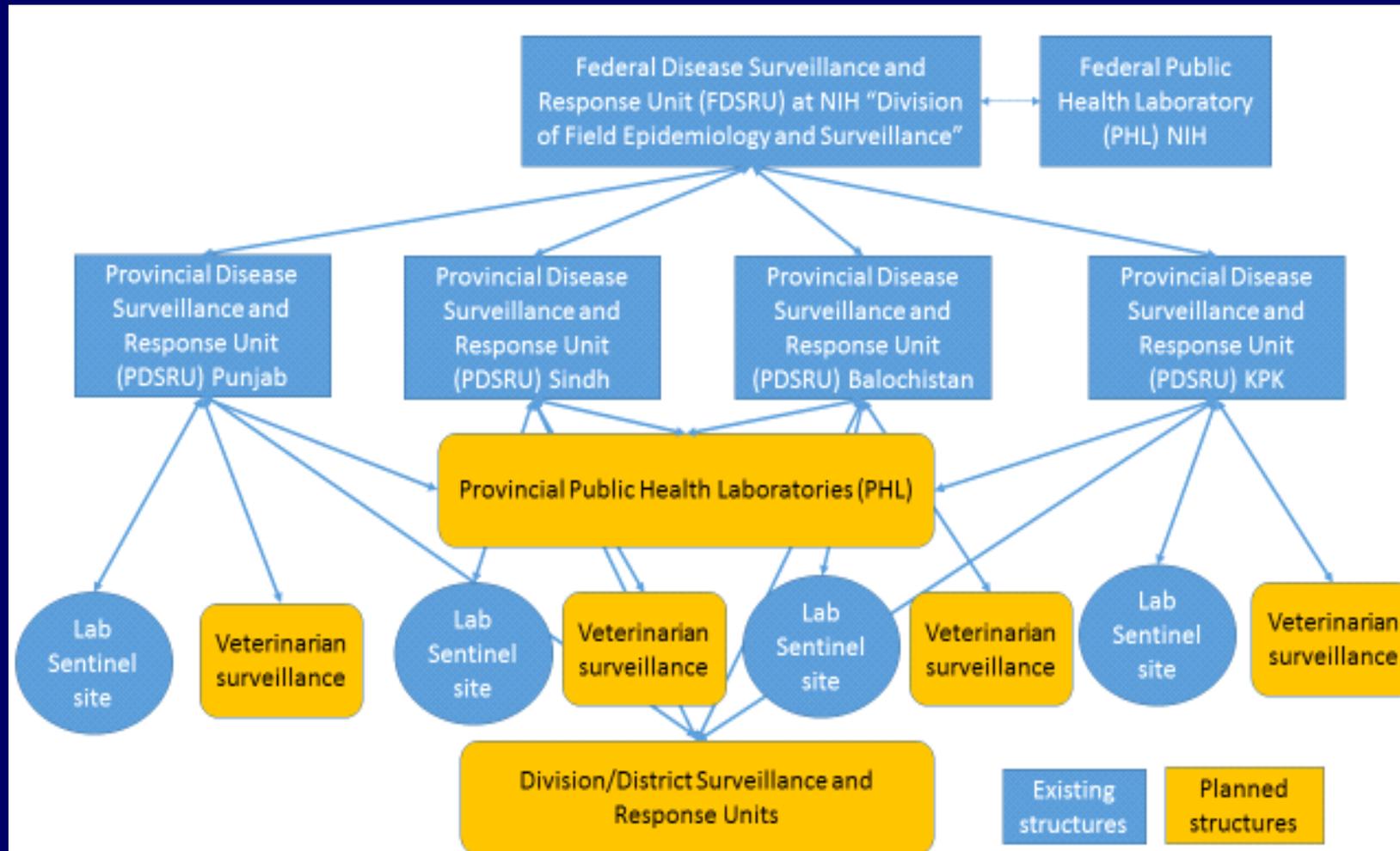
Short term trainings

- Trained more than 1000
 - Disease surveillance
 - Outbreak response
 - Rapid Response teams
 - Dengue surveillance and response
 - Lab QA, Biosafety

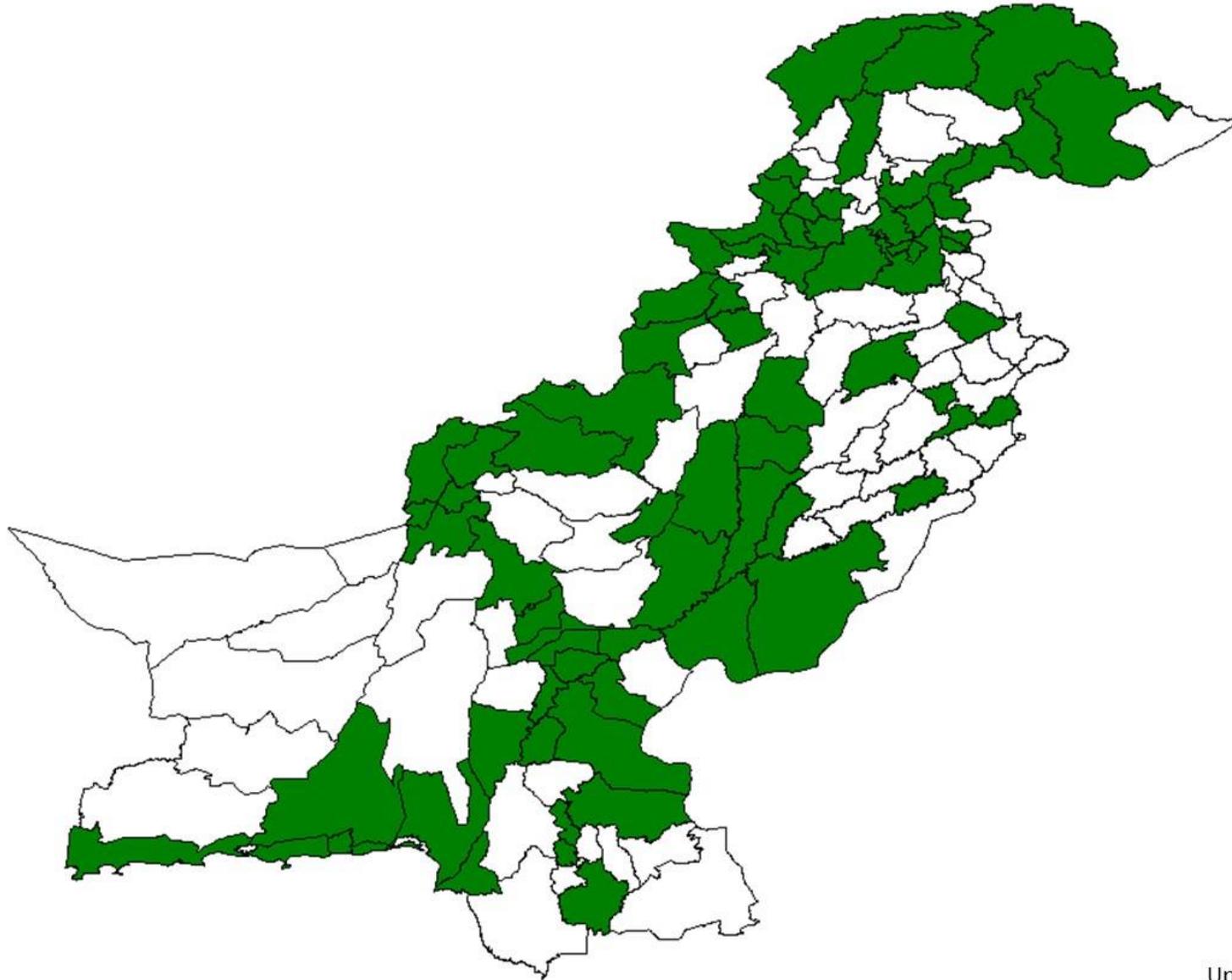


Sustainable Surveillance System

(will provide a career structure for field epidemiologists)



Map FELTP Alumni, Fellows and NSTOP





N-STOP Pakistan

NSTOP Pakistan

- Idea conceived and developed in Pakistan
- Now being followed in other polio endemic countries
- The operational responsibilities of NSTOP relies on FELTP/CDC
- 2011:
 - Deployed in 16 high risk districts for 6 months
- 2015:
 - Expanded to 45 areas and 62 officers
 - Integral member of DPCRs (now being placed at EOCs)

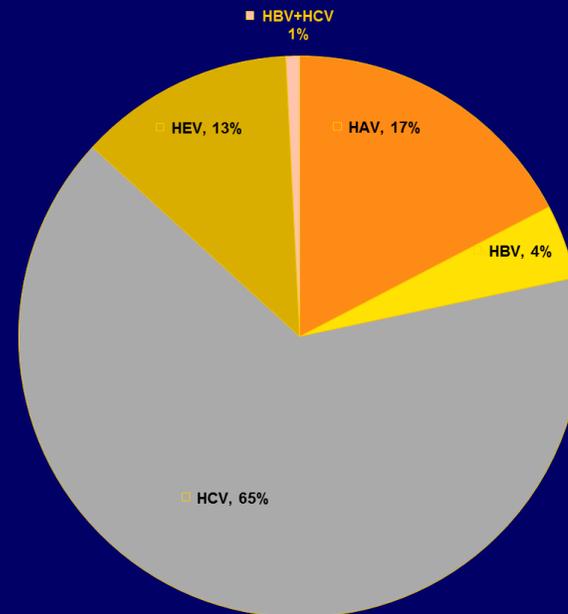


Acute Viral Hepatitis



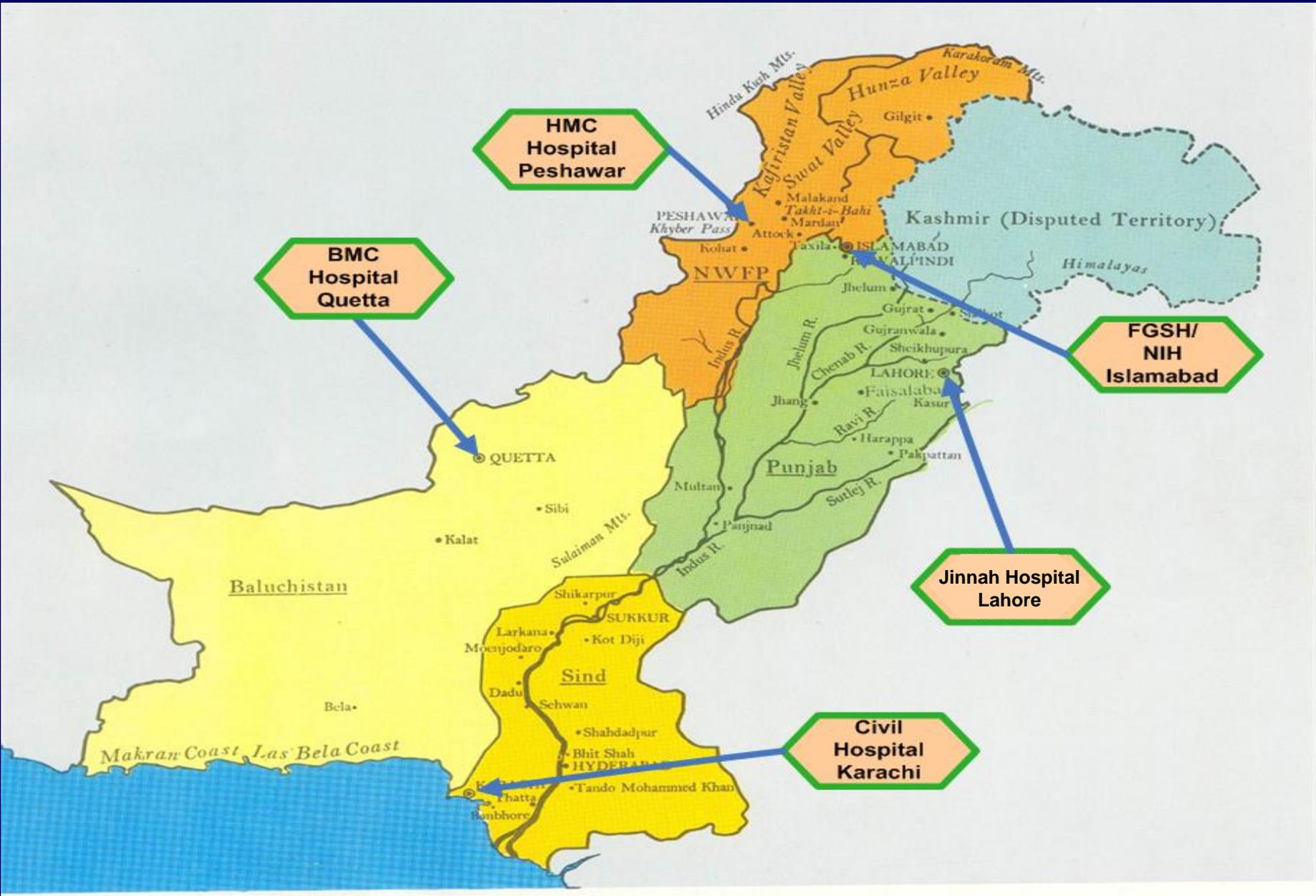
Acute Viral Hepatitis Sentinel Surveillance

- First such initiative in Pakistan for identifying risk factors for all type of viral hepatitis with laboratory component
- Only hepatitis surveillance system in the “whole region” providing unique risk factor information



Reported cases of Acute(Newly Diagnosed) Acute Viral Hepatitis (June 2010 – August 2014)

Sentinel Sites



Other important Initiatives

- **IHR compliance**
(Legal Framework for Disease Surveillance)
 - A legislative document was approved with provincial feedback by MOH
- **Public Health Lab Network and Laboratory Quality Systems**
 - Strategic framework for PHLN and proposal for IDSRS already developed by NIH
- **One Health**
 - Promote Animal and Human side collaborations (One Health)

Next Steps

- Frontline FELTP
- Strengthening of Provincial Disease Surveillance and Outbreak response units
- Expansion of DSRU in selected Divisions/Districts
- Strengthen laboratory networks
- Expansion of sentinel sites both in numbers and addition of other priority diseases
- Increase in class size and two cohorts a year (60/year)



Thanks!

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